Form **990** 

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public

☑ Yes ☐ No

Cat No 11282Y

Form **990** (2017)

DLN: 93493196019459 OMB No 1545-0047

2017

| Departi<br>nterna  |   | enue Service  | ? Information a  | bout Form 990 and its instructions is at <u>wi</u>                        | <u>vw 1R5 qo</u>                | <u>0V/T0rm99U</u>  |   | Inspection   |
|--|---|---|--|---|---------------------------------|--|---|--|
| A Fo   | r th  | ie 2017 d   | alendar year, or tax year be   | ginning 09-01-2017 ,and ending 08-  | 31-2018                         |  |   |  |
| □ Add  | dress   | applicable<br>change  | C Name of organization<br>ARIZONA VETERINARY MEDICAL<br>ASSOCIATION  |   |                                 | <b>D Employer</b> 23-72160   |   | ication number   |
| □ Init   | ial re  | nange<br>eturn<br>rn/terminated   | Doing business as  |   |                                 |  |   |  |
| □ Am   | ende  | d return<br>ion pending   | Number and street (or P O box  | if mail is not delivered to street address) Room/                         | suite                           | E Telephone r<br>(602) 242   |   |  |
|  |   |   | City or town, state or province, of PHOENIX, AZ 85013  | country, and ZIP or foreign postal code                                   |                                 | <b>G</b> Gross recei   |   | 008 970  |
|  |   |   | <b>F</b> Name and address of princ   | cipal officer   | H(a)                            | Is this a group retui  |   |  |
|  |   |   | AL SCHLEAPPE<br>3045 E BASELINE RD<br>GILBERT, AZ 85234  |   |                                 | subordinates? Are all subordinates   |   | □Yes ☑No   |
| Tax  | (-exe   | mpt status  | ·  | (insert no )  |                                 | included?<br>If "No," attach a list  | (see  | •  |
| W  | ebsit   | te:►  |  |   | H(c)                            | Group exemption nu   | umber   | <b>•</b>   |
| <b>(</b> Forn  | n of o  | organızatıon  | Corporation Trust A  | Association ☐ Other ▶   | <b>L</b> Year o                 | of formation M   | State   | of legal domicile  |
| Pa   | rt I  | Sum   | mary   |   | •                               |  |   |  |
| GOVERNANCE   | -<br>-  | INFORMA   | TION AND PRACTICE MANAGEM  | RY MEDICINE TO ANIALS AND HUMAN HEA<br>IENT THROUGH ACTIVE INVOLVEMENT OF | IT'S MEM                        | BERS   |   | ISISLATION, FOBLIN   |
| 3  |   |   |  | discontinued its operations or disposed of rning body (Part VI, line 1a)  |                                 |  | ets<br>  <b>3</b>                                       |  |
| <b>ರ</b><br>^  |   |   | -  | s of the governing body (Part VI, line 1b)                                |                                 |  | 4   |  |
| arn.   |   |   | · -  | calendar year 2017 (Part V, line 2a)                                      |                                 |  | 5   | 7  |
| <b>^</b>   |   |   | • •  | necessary)  |                                 |  | 6   |  |
| Acumues &  | 7a  | Total uni   | related business revenue from F  | Part VIII, column (C), line 12  |                                 |  | 7a  | 269,926  |
|  | b   | Net unre  | lated business taxable income f  | rom Form 990-T, line 34   |                                 |  | 7b  | 164,984  |
| ēnu  |   |   |  |   |                                 | Prior Year   |   | Current Year   |
|  | •   | Contributions and grants (Part VIII, line 1h)   |  |   |                                 |  |   |  |
|  |   |   | •  | •   |                                 |  |   | (  |
| ēnuā   | 9   | Program   | service revenue (Part VIII, line   | 2g)   |                                 | 991,03   | +   | 972,13   |
| Ravenua  | 9<br>10   | Program<br>Investme   | service revenue (Part VIII, line<br>ent income (Part VIII, column (  | 2g)   |                                 | 991,03.<br>47,42   | +   | 972,135<br>36,835  |
| Ravenua  | 9<br>10<br>11   | Program<br>Investme<br>Other re   | service revenue (Part VIII, line<br>ent income (Part VIII, column (A<br>venue (Part VIII, column (A), lii  | 2g)   |                                 | 47,42  | 5   | 36,83  |
| Ravenue  | 9<br>10<br>11<br>12   | Program<br>Investme<br>Other re<br>Total rev  | service revenue (Part VIII, line<br>ent income (Part VIII, column (A<br>venue (Part VIII, column (A), lii<br>venue—add lines 8 through 11 (  | 2g)   |                                 |  | 5   | •  |
| Ravenue  | 9<br>10<br>11<br>12   | Program Investme Other re Total rev Grants a  | service revenue (Part VIII, line<br>ent income (Part VIII, column (,<br>venue (Part VIII, column (A), lii<br>venue—add lines 8 through 11 (<br>nd similar amounts paid (Part I   | 2g)   |                                 | 47,42  | 5   | 36,83  |
|  | 9<br>10<br>11<br>12<br>13<br>14   | Program Investme Other re Total rev Grants a Benefits   | service revenue (Part VIII, line ent income (Part VIII, column (A), line venue (Part VIII, column (A), line enue—add lines 8 through 11 (and similar amounts paid (Part I paid to or for members (Part IX)   | 2g)   |                                 | 47,42  | 0   | 36,83  |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15   | Program Investme Other re Total rev Grants a Benefits Salaries,   | service revenue (Part VIII, line ent income (Part VIII, column (A), line venue (Part VIII, column (A), line venue—add lines 8 through 11 (and similar amounts paid (Part I) paid to or for members (Part IX) other compensation, employee  | 2g)   |                                 | 1,038,46   | 0   | 36,839<br>(<br>1,008,970<br>(  |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15   | Program Investme Other re Total rev Grants a Benefits Salaries, Profession  | service revenue (Part VIII, line ent income (Part VIII, column (A), line venue (Part VIII, column (A), line venue—add lines 8 through 11 (and similar amounts paid (Part I) paid to or for members (Part IX) other compensation, employee  | 2g)   |                                 | 1,038,46   | 0   | 36,839<br>(<br>1,008,970<br>(  |
| Expenses Revenue   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b   | Program Investme Other re Total rev Grants a Benefits Salaries, Profession  | service revenue (Part VIII, line ent income (Part VIII, column (A), line venue (Part VIII, column (A), line venue—add lines 8 through 11 (and similar amounts paid (Part I paid to or for members (Part IX) other compensation, employee onal fundraising fees (Part IX, contact of the compensation).   | 2g)   |                                 | 1,038,46   | 7   | 36,839<br>(<br>1,008,970<br>(  |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17   | Program Investme Other re Total rev Grants a Benefits Salaries, a Profession Total fund Other ex Total exp  | service revenue (Part VIII, line ent income (Part VIII, column (A), line ent income (Part VIII, column (A), line enue—add lines 8 through 11 (and similar amounts paid (Part IX) paid to or for members (Part IX) other compensation, employee enal fundraising fees (Part IX, column (Expenses (Part IX, column (A), line penses Add lines 13–17 (must openses Add lines IX).   | 2g)   |                                 | 1,038,460<br>360,82  | 7   | 36,839<br>(1,008,970<br>(<br>(372,269  |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17   | Program Investme Other re Total rev Grants a Benefits Salaries, a Profession Total fund Other ex Total exp  | service revenue (Part VIII, line ent income (Part VIII, column (A), line ent income (Part VIII, column (A), line enue—add lines 8 through 11 (and similar amounts paid (Part IX) paid to or for members (Part IX) other compensation, employee enal fundraising fees (Part IX, column (Expenses (Part IX, column (A), line penses Add lines 13–17 (must openses Add lines IX).   | 2g)   |                                 | 47,42<br>1,038,46<br>360,82<br>423,16<br>783,99<br>254,46  | 5<br>0<br>7<br>5<br>5<br>2                              | 36,835<br>(1,008,976<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)  |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17   | Program Investme Other re Total rev Grants a Benefits Salaries, a Profession Total fund Other ex Total exp  | service revenue (Part VIII, line ent income (Part VIII, column (A), line ent income (Part VIII, column (A), line enue—add lines 8 through 11 (and similar amounts paid (Part IX) paid to or for members (Part IX) other compensation, employee enal fundraising fees (Part IX, column (Expenses (Part IX, column (A), line penses Add lines 13–17 (must openses Add lines IX).   | 2g)   |                                 | 47,42<br>1,038,46<br>360,82<br>423,16<br>783,99  | 5<br>0<br>7<br>5<br>5<br>2                              | 36,835<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,0 |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19   | Program Investme Other reconstruction Grants a Benefits Salaries, Profession Total fund Other ex Total exp  | service revenue (Part VIII, line ent income (Part VIII, column (A), line ent income (Part VIII, column (A), line enue—add lines 8 through 11 (and similar amounts paid (Part IX) paid to or for members (Part IX) other compensation, employee enal fundraising fees (Part IX, column (Expenses (Part IX, column (A), line enses Add lines 13–17 (must ensemble enses Add lines 13–17 (must ensemble ense | A), lines 3, 4, and 7d)   |                                 | 47,42<br>1,038,46<br>360,82<br>423,16<br>783,99<br>254,46  | 5<br>0<br>7<br>5<br>5<br>2<br>8                         | 36,835<br>(1,008,976<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)<br>(1,008,976)  |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19   | Program Investme Other re Total rev Grants a Benefits Salaries, a Profession Total fund Other ex Total exp Revenue  | service revenue (Part VIII, line ent income (Part VIII, column (A), line venue (Part VIII, column (A), line venue—add lines 8 through 11 (and similar amounts paid (Part II) paid to or for members (Part IX) other compensation, employee conal fundraising fees (Part IX, column (Diepenses (Part IX, column (A), line penses Add lines 13–17 (must be less expenses Subtract line 18 sets (Part X, line 16)   | A), lines 3, 4, and 7d)   |                                 | 47,42<br>1,038,46<br>360,82<br>423,16<br>783,99<br>254,46<br>inning of Current Yea   | 5<br>0<br>7<br>5<br>2<br>2<br>8<br>8                    | 36,839 (1,008,976)   |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19   | Program Investme Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total exp Revenue  Total ass Total liab   | service revenue (Part VIII, line ent income (Part VIII, column (A), line venue (Part VIII, column (A), line venue—add lines 8 through 11 (and similar amounts paid (Part IX) paid to or for members (Part IX) other compensation, employee conal fundraising fees (Part IX, column (Dispenses (Part IX, column (A), line penses Add lines 13–17 (must be less expenses Subtract line 18 sets (Part X, line 16)   | A), lines 3, 4, and 7d)   |                                 | 47,42<br>1,038,46<br>360,82<br>423,16<br>783,99<br>254,46<br>inning of Current Yea<br>1,599,37   | 5<br>0<br>7<br>7<br>5<br>2<br>2<br>8<br><b>r</b>        | 36,835<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,008,970<br>(1,0 |
| Net Assets of Expenses Fund Balances   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19   | Program Investme Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total exp Revenue  Total ass Total liab Net asse  | service revenue (Part VIII, line ent income (Part VIII, column (A), line venue (Part VIII, column (A), line enue—add lines 8 through 11 (and similar amounts paid (Part II) paid to or for members (Part IX) other compensation, employee onal fundraising fees (Part IX, column (B) penses (Part IX, column (A), line penses (Part IX, column (A), line enses Add lines 13–17 (must be less expenses Subtract line 18 sets (Part X, line 16)  | A), lines 3, 4, and 7d )  | Beg                             | 47,42<br>1,038,46<br>360,82<br>423,16<br>783,99<br>254,46<br>inning of Current Yea<br>1,599,37<br>35,06<br>1,564,31  | 5 0 0 7 7 5 5 2 8 8 <b>r</b> 1 1 0 0 1 1                | 36,83<br>1,008,97<br>372,26<br>372,26<br>559,04<br>931,30<br>77,66<br>End of Year<br>1,674,66<br>32,69<br>1,641,97   |
| Net Assets of Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22                             | Program Investme Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total exp Revenue  Total ass Total liab Net asse  | service revenue (Part VIII, line ent income (Part VIII, column (A), line venue (Part VIII, column (A), line venue—add lines 8 through 11 (and similar amounts paid (Part II) paid to or for members (Part IX) other compensation, employee onal fundraising fees (Part IX, column (E) penses (Part IX, column (A), line penses (Part IX, column (A), line penses Add lines 13–17 (must be less expenses Subtract line 18 penses (Part X, line 16)  | A), lines 3, 4, and 7d)   | Beg                             | 47,42<br>1,038,46<br>360,82<br>423,16<br>783,99<br>254,46<br>inning of Current Yea<br>1,599,37<br>35,06<br>1,564,31<br>les and statements,   | 5 0 0 7 7 5 2 8 8 <b>r</b> 1 0 0 1 1                    | 36,839 (1,008,970)   |
| Met Assets of Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>tttt<br>penedge          | Program Investme Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total exp Revenue  Total ass Total liab Net asse  | service revenue (Part VIII, line ent income (Part VIII, column (A), line venue (Part VIII, column (A), line venue—add lines 8 through 11 (and similar amounts paid (Part II) paid to or for members (Part IX) other compensation, employee onal fundraising fees (Part IX, column (E) penses (Part IX, column (A), line penses (Part IX, column (A), line penses Add lines 13–17 (must be less expenses Subtract line 18 penses (Part X, line 16)  | A), lines 3, 4, and 7d )  | Beg                             | 47,42<br>1,038,46<br>360,82<br>423,16<br>783,99<br>254,46<br>inning of Current Yea<br>1,599,37<br>35,06<br>1,564,31<br>les and statements,   | 5 0 0 7 7 5 2 8 8 <b>r</b> 1 0 0 1 1                    | 36,839 (1,008,970)   |
| Met Assets of Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>tttt<br>penedge          | Program Investme Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total exp Revenue  Total ass Total liab Net asse Sign alties of periodic and beliefedge | service revenue (Part VIII, line sent income (Part VIII, column (A), line venue (Part VIII, column (A), line venue—add lines 8 through 11 (and similar amounts paid (Part IX) other compensation, employees onal fundraising fees (Part IX, column (B), line penses (Part IX, column (A), line penses (Part IX, column (A), line penses Add lines 13–17 (must be less expenses Subtract line 18 sets (Part X, line 16)   | A), lines 3, 4, and 7d )  | Beg                             | 47,42<br>1,038,46<br>360,82<br>423,16<br>783,99<br>254,46<br>inning of Current Yea<br>1,599,37<br>35,06<br>1,564,31<br>les and statements,   | 5 0 0 7 7 5 2 8 8 <b>r</b> 1 0 0 1 1                    | 36,839 (1,008,970)   |
| Land Balances  Lind Balances  Lind Balances  | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>till<br>penedgenowld     | Program Investme Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total exp Revenue  Total ass Total liab Net asse Sign alties of periodic and beliefedge | service revenue (Part VIII, line ent income (Part VIII, column (A), line venue (Part VIII, column (A), line venue—add lines 8 through 11 (and similar amounts paid (Part II) paid to or for members (Part IX) other compensation, employee onal fundraising fees (Part IX, column (E) penses (Part IX, column (A), line penses (Part IX, column (A), line penses Add lines 13–17 (must be less expenses Subtract line 18 penses (Part X, line 16)  | A), lines 3, 4, and 7d )  | Beg                             | 47,42<br>1,038,46i<br>360,82<br>423,16<br>783,99<br>254,46i<br>inning of Current Yea<br>1,599,37<br>35,06i<br>1,564,31<br>les and statements, assed on all informati   | 5 0 0 7 7 5 2 8 8 <b>r</b> 1 0 0 1 1                    | 36,83:  1,008,970  372,26:  559,04:  931,30  77,66: End of Year  1,674,66:  32,69: 1,641,974  the best of my   |
| Kebrican Fund Balances Expenses  | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>till<br>penedgenowld     | Program Investme Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total exp Revenue  Total ass Total liab Net asse Sign alties of perand belief           | service revenue (Part VIII, line ent income (Part VIII, column (A), line ent income (Part VIII, column (A), line enue—add lines 8 through 11 (and similar amounts paid (Part II) paid to or for members (Part IX) other compensation, employee onal fundraising fees (Part IX, column (E) penses (Part IX, column (A), line penses (Part IX, column (A), line penses Add lines 13–17 (must eless expenses Subtract line 18 sets (Part X, line 16)  | A), lines 3, 4, and 7d )  | Beg                             | 47,42.  1,038,46  360,82  423,16  783,99  254,46  inning of Current Yea  1,599,37  35,06  1,564,31  les and statements, a ased on all informations and statements.   | 5 0 0 7 7 5 2 8 8 <b>r</b> 1 0 0 1 1                    | 36,839 (1,008,970)   |
| Land Balances  Lind Balances  Lind Balances  | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>till<br>penedgenowld     | Program Investme Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total exp Revenue  Total ass Total liab Net asse Sign alties of periods and belief      | service revenue (Part VIII, line ent income (Part VIII, column (A), line ent income (Part VIII, column (A), line enue—add lines 8 through 11 (Ind similar amounts paid (Part II) paid to or for members (Part IX) other compensation, employee onal fundraising fees (Part IX, column (D) penses (Part IX, column (A), line penses (Part IX, column (A), line penses Add lines 13–17 (must be less expenses Subtract line 18 sets (Part X, line 26)  | A), lines 3, 4, and 7d )  | Beg<br>ng schedul               | 47,42<br>1,038,46<br>360,82<br>423,16<br>783,99<br>254,46<br>inning of Current Yea<br>1,599,37<br>35,06<br>1,564,31<br>les and statements, assed on all information  | 5 0 0 7 7 5 5 2 2 8 8 <b>r</b> 1 0 0 1 1 and to on of v | 36,83:  1,008,970  372,26:  559,04:  931,30  77,66: End of Year  1,674,66:  32,69: 1,641,974  the best of my   |
| A Find Balances  Expenses  Lind Balances   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>11<br>pennedgenowle      | Program Investme Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total exp Revenue  Total ass Total liab Net asse Sign alties of perand belief edge      | service revenue (Part VIII, line ent income (Part VIII, column (A), line ent income (Part VIII, column (A), line enue—add lines 8 through 11 (and similar amounts paid (Part II) paid to or for members (Part IX) other compensation, employee onal fundraising fees (Part IX, column (E) penses (Part IX, column (A), line penses (Part IX, column (A), line penses Add lines 13–17 (must eless expenses Subtract line 18 sets (Part X, line 16)  | A), lines 3, 4, and 7d )  | Beg                             | 47,42.  1,038,46  360,82  423,16  783,99  254,46  inning of Current Yea  1,599,37  35,06  1,564,31  les and statements, assed on all information asset on all information a | 5 0 0 7 7 5 5 2 2 8 8 <b>r</b> 1 0 0 1 1 and to on of v | 36,839 (1,008,970 (1,0   |
| Net Assets of Expenses and Balances of Expenses of Exp | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>till<br>penedge<br>nowld | Program Investme Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total exp Revenue  Total ass Total liab Net asse Sign alties of per and belief          | service revenue (Part VIII, line sent income (Part VIII, column (A), line venue (Part VIII, column (A), line venue—add lines 8 through 11 (and similar amounts paid (Part IX) other compensation, employees onal fundraising fees (Part IX, column (B), line penses (Part IX, column (A), line penses (Part IX, column (A), line penses Add lines 13–17 (must be less expenses Subtract line 18 sets (Part X, line 16)   | A), lines 3, 4, and 7d )  | Beg  ing schedul ifficer) is ba | 47,42.  1,038,46  360,82  423,16  783,99  254,46  inning of Current Yea  1,599,37  35,06  1,564,31  les and statements, a ased on all information of the company of the com | 5 0 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7                 | 36,83:  1,008,97(  372,26:  559,04:  931,30  77,66:  End of Year  1,674,66:  32,69: 1,641,97:  the best of my which preparer has   |
| A Find Balances  Expenses  Lind Balances   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>till<br>penedge<br>nowld | Program Investme Other re Total rev Grants a Benefits Salaries, Total fund Other ex Total exp Revenue  Total ass Total liab Net asse Sign alties of perand belief edge      | service revenue (Part VIII, line ent income (Part VIII, column (A), line ent income (Part VIII, column (A), line enue—add lines 8 through 11 (and similar amounts paid (Part II) paid to or for members (Part IX) other compensation, employee onal fundraising fees (Part IX, column (D) penses (Part IX, column (A), line penses (Part IX, column (A), line penses Add lines 13–17 (must be less expenses Subtract line 18 sets (Part X, line 26)  | A), lines 3, 4, and 7d )  | Beg  ing schedul ifficer) is ba | 47,42.  1,038,46  360,82  423,16  783,99  254,46  inning of Current Yea  1,599,37  35,06  1,564,31  les and statements, assed on all information asset on all information a | 5 0 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7                 | 36,83:  1,008,97(  372,26:  559,04:  931,30  77,66:  End of Year  1,674,66:  32,69: 1,641,97:  the best of my which preparer has   |

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

For Paperwork Reduction Act Notice, see the separate instructions.

| Form  | 990 (2017)                |                       |                  |                           |  | Page <b>2</b> |
|-------|---------------------------|-----------------------|------------------|---------------------------|--|---------------|
| Par   | t IIII Statement of       | Program Servic        | e Accomplisi     | nments                    |  |               |
|       | Check if Schedul          | e O contains a respo  | nse or note to a | iny line in this Part III |  | 🗹             |
| 1     | Briefly describe the orga | anızatıon's mıssıon   |                  |                           |  |               |
| TP PF | ROMOTE EXCELLENCE IN      | VETERINARY MEDIC      | INE TO ANIALS    | AND HUMAN HEALTH A        | AND WELFARE, EDUCATION, LEGISL   | ATION, PUBLIC |
| INFO  | RMATION AND PRACTICE      | : MANAGEMENT THR      | DUGH ACTIVE II   | NOUVEMENT OF IT'S I       | MEMBERS  |               |
|       |                           |                       |                  |                           |  |               |
| 2     | Did the organization uni  | dortako any significa | nt program con   | uses during the year w    | high word not listed on  |               |
| _     | <del>-</del>              | · -                   | · -              | = :                       |  | ☐ Yes ☑ No    |
|       | If "Yes," describe these  |                       |                  |                           |  | LI TES LINO   |
| 3     | Did the organization cea  |                       |                  |                           |  |               |
| 3     | services?                 | <b>3</b> ,            | 3                | manges in now it condi    | dets, any program  | ☐ Yes 🗹 No    |
|       |                           |                       |                  |                           |  | □ res 🖭 No    |
| 4     | If "Yes," describe these  |                       |                  |                           |  | 1.1           |
| 4     |                           |                       |                  |                           | largest program services, as measu<br>of grants and allocations to others, t |               |
|       | expenses, and revenue,    |                       |                  |                           |  |               |
|       |                           |                       |                  |                           |  |               |
| 4a    | (Code                     | ) (Expenses \$        |                  | including grants of \$    | ) (Revenue \$  | )             |
|       | See Additional Data       |                       |                  |                           |  |               |
| 41.   | /Cada                     | \                     |                  | maludus susubs of A       | ) (Revenue \$  | )             |
| 4b    | (Code                     | ) (Expenses \$        |                  | including grants of \$    | ) (Revenue \$  | ,             |
|       |                           |                       |                  |                           |  |               |
|       |                           |                       |                  |                           |  |               |
|       |                           |                       |                  |                           |  |               |
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|       |                           |                       |                  |                           |  |               |
|       |                           |                       |                  |                           |  |               |
|       |                           |                       |                  |                           |  |               |
| 4c    | (Code                     | ) (Expenses \$        |                  | including grants of \$    | ) (Revenue \$  | )             |
|       |                           |                       |                  |                           |  | <u> </u>      |
|       |                           |                       |                  |                           |  |               |
|       |                           |                       |                  |                           |  |               |
|       |                           |                       |                  |                           |  |               |
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|       |                           |                       |                  |                           |  |               |
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|       |                           |                       |                  |                           |  |               |
|       |                           |                       |                  |                           |  |               |
|       |                           |                       |                  |                           |  |               |
|       | (Code                     | ) (Expenses \$        | 643,455          | including grants of \$    | ) (Revenue \$  | )             |
|       | EDUCATIONAL IN NATURE     |                       |                  |                           |  |               |
|       |                           |                       |                  |                           |  |               |
| 4d    | Other program services    | •                     | •                |                           |  |               |
|       | (Expenses \$              | · ·                   | uding grants of  |                           | ) (Revenue \$  | )             |
| 4e    | Total program service     | e expenses 🟲          | 643,4            | 55                        |  |               |

Page 3

No

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No

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Form **990** (2017)

**Checklist of Required Schedules** 

or X as applicable

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼 . . . . . . . . . . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

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Yes

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Page 4

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Form 990 (2017)

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| Part IV Checklist of Required Schedules (continued)   |     |     |    |
|---|-----|-----|----|
|   |     | Yes | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a |     | No |

|     |  |     | Yes | N  |
|-----|--|-----|-----|----|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                  | 20a |     | No |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b |     |    |

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

|      | t V Statements Regarding Other IRS Filings and Tax Compliance  |            |               | Page 5          |
|------|--|------------|---------------|-----------------|
| Fell | Check if Schedule O contains a response or note to any line in this Part V   |            |               | П               |
|      | Check in Schedule S contains a response of flote to any line in this fact v 1 1 1 1 1 1 1  |            | Yes           | No              |
| 1a   | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   9   |            |               |                 |
| b    | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0  |            |               |                 |
| С    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c         |               | No              |
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and  | <u> </u>   |               |                 |
|      | Tax Statements, filed for the calendar year ending with or within the year covered by this return  |            |               |                 |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b         | Yes           |                 |
|      | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |            |               |                 |
|      | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         | Yes           |                 |
|      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b         | Yes           |                 |
| 4a   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a         |               | No              |
| b    | If "Yes," enter the name of the foreign country  |            |               |                 |
|      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)   |            |               |                 |
|      |  |            |               |                 |
|      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a         |               | No              |
| b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b         |               | No              |
| С    | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c         |               |                 |
| 6a   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization  | 6a         |               | No              |
|      | solicit any contributions that were not tax deductible as charitable contributions?  |            |               |                 |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b         |               |                 |
| 7    | Organizations that may receive deductible contributions under section 170(c).  |            |               |                 |
| а    | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a         |               |                 |
| b    | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         |               |                 |
| С    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c         |               |                 |
| d    | If "Yes," Indicate the number of Forms 8282 filed during the year  | , t        |               |                 |
|      |  |            |               |                 |
| е    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e         |               |                 |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f         |               |                 |
| g    | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as   |            |               |                 |
|      | required?  | <b>7</b> g |               |                 |
| h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h         |               |                 |
| 8    | Sponsoring organizations maintaining donor advised funds.  |            |               |                 |
|      | Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  | 8          |               |                 |
| 0-   | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |               |                 |
|      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b         |               |                 |
| 10   | Section 501(c)(7) organizations. Enter   | - 50       |               |                 |
|      | Initiation fees and capital contributions included on Part VIII, line 12   10a   |            |               |                 |
|      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b   |            |               |                 |
| 11   | Section 501(c)(12) organizations. Enter  |            |               |                 |
|      | Gross income from members or shareholders  |            |               |                 |
| b    | Gross income from other sources (Do not net amounts due or paid to other sources   |            |               |                 |
|      | against amounts due or received from them )  |            |               |                 |
| 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a        |               |                 |
| b    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |            |               |                 |
|      | 12b  |            |               |                 |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |               |                 |
| а    | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O   | 13a        |               |                 |
| b    | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |            |               |                 |
| С    | Enter the amount of reserves on hand   |            |               |                 |
| 14a  | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a        |               | No              |
| b    | If "Yes," has it filed a Form 720 to report these payments $^{2}$ If "No," provide an explanation in Schedule $^{O}$   | 14b        |               |                 |
|      |  | F          | orm <b>99</b> | <b>0</b> (2017) |

| orm              | 990 (2017)  |             |          | Page <b>6</b> |
|------------------|---|-------------|----------|---------------|
| Par              | Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "I 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  | ·           | nse to l | ines          |
|                  | Check if Schedule O contains a response or note to any line in this Part VI   |             |          | Ш             |
| Se               | ction A. Governing Body and Management  |             | V        | N             |
| 1a               | Enter the number of voting members of the governing body at the end of the tax year   1a  | 4           | Yes      | No            |
|                  | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O  |             |          |               |
| b                | Enter the number of voting members included in line 1a, above, who are independent  1b  | 0           |          |               |
| 2                | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2           |          | No            |
| 3                | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •   | on <b>3</b> |          | No            |
| 4                | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4           |          | No            |
| 5                | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5           |          | No            |
| 6                | Did the organization have members or stockholders?  | 6           |          | No            |
| 7a               | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mormembers of the governing body?  | e <b>7a</b> |          | No            |
| b                | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | <b>7</b> b  |          | No            |
| 8                | Did the organization contemporaneously document the meetings held or written actions undertaken during the year b the following   | <i>'</i>    |          |               |
| а                | The governing body?   | 8a          | Yes      |               |
| b                | Each committee with authority to act on behalf of the governing body?   | <b>8</b> b  | Yes      |               |
| 9                | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O </i>  | 9           |          | No            |
| Se               | ction B. Policies (This Section B requests information about policies not required by the Internal Rever  | ue Code     |          | 1             |
|                  |   |             | Yes      | No            |
|                  | Did the organization have local chapters, branches, or affiliates?  | 10a         |          | No            |
| b                | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b         |          |               |
| 11a              | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a         |          | No            |
| b                | Describe in Schedule O the process, if any, used by the organization to review this Form 990  |             |          |               |
| 12a              | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a         |          | No            |
| b                | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b         |          |               |
| С                | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  | 12c         |          |               |
| 13               | Did the organization have a written whistleblower policy?   | 13          |          | No            |
| 14               | Did the organization have a written document retention and destruction policy?  | 14          |          | No            |
| 15               | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |             |          |               |
| а                | The organization's CEO, Executive Director, or top management official  | 15a         |          | No            |
| b                | Other officers or key employees of the organization   | 15b         |          | No            |
|                  | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  |             |          |               |
| 16a              | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?   | 16a         |          | No            |
| b                | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemple status with respect to such arrangements? |             |          |               |
| Se               | ction C. Disclosure   | 100         |          |               |
| <u> 36</u><br>17 | List the States with which a copy of this Form 990 is required to be filed▶   |             |          |               |
| 18               | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply   | )           |          |               |
|                  | Own website  Another's website  Upon request  Other (explain in Schedule O)   |             |          |               |
| 19               | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  |             |          |               |
| 20               | State the name, address, and telephone number of the person who possesses the organization's books and records<br>►EMILY KANE 100 W COOLIDGE ST PHOENIX, AZ 85013 (602) 242-7936  |             |          |               |
|                  |   |             |          | n (2017)      |

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Part VII

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons 🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(F) (B) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other is both an officer and a week (list from the from related compensation any hours director/trustee) organization organizations from the for related (W- 2/1099-(W-2/1099organization and Individual to Highest compensati employee Κė. 9 organizations MISC) MISC) related Institutional Ē below dotted employ organizations line) trustee ě Trustee (1) CALLIE WILLINGHAM Х 0 PRESIDENT (2) AL SCHLEAPPE Х 0 **SECRETARY** (3) MELINDA PATTERSON Χ 0 VICE PRESIDE (4) EMILY KANE Х 121,533 0 Ω EXECUTIVE DI

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

Page 8

|     | <b>(A)</b><br>Name and Title  | me and Title  Average hours per week (list any hours  Average hours per week (list any hours  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours per than one box, unless person is both an officer and a director/trustee)  Average hours per than one box, unless person is both an officer and a director/trustee) |                                   |                       |           |              |                              |        |           | w-                 | (F)<br>Estima<br>amount o<br>compens<br>from t | ted<br>f other<br>sation<br>the |                                  |     |
|-----|---|--|-----------------------------------|-----------------------|-----------|--------------|------------------------------|--------|-----------|--------------------|--|---------------------------------|----------------------------------|-----|
|     |   | organizations<br>below dotted<br>line)   | Individual trustee<br>or director | Institutional Trustee | Officer   | key employee | Highest compensated employee | Former | 2/109     | 9-MI5C)            | 2/1099-MISC                                    |                                 | organizati<br>relati<br>organiza | ≘d  |
|     |   |  |                                   |                       |           |              |                              |        |           |                    |  | <del> </del>                    |                                  |     |
|     |   |  |                                   |                       |           |              |                              |        |           |                    |  | -                               |                                  |     |
|     |   |  |                                   |                       |           |              |                              | H      |           |                    |  |                                 |                                  |     |
|     |   |  |                                   |                       |           |              |                              |        |           |                    |  |                                 |                                  |     |
|     |   |  |                                   |                       |           |              |                              |        |           |                    |  | $\perp$                         |                                  |     |
|     |   |  |                                   |                       |           |              |                              |        |           |                    |  | _                               |                                  |     |
|     |   |  |                                   |                       |           |              |                              |        |           |                    |  | +                               |                                  |     |
| c · | Sub-Total Total from continuation sheets to P   | art VII, Sectio  |                                   | <br>                  |           |              | <b> </b>                     |        |           | 121,533            |  | +                               |                                  |     |
| 2   | Total number of individuals (including of reportable compensation from the                | but not limited  | to thos                           |                       |           | bove         | e) who                       | rece   | eived mo  | re than \$1        | 00,000   |                                 |                                  |     |
|     |   |  |                                   |                       |           |              |                              |        |           |                    |  |                                 | Yes                              | No  |
| 3   | Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> . | •  |                                   | ee, k                 | еу е<br>• | mple<br>•    | oyee,                        | or hi  | ghest cor | mpensated<br>• • • | employee on                                    | 3                               |                                  | No  |
| 4   | For any individual listed on line 1a, is organization and related organization individual |  |                                   |                       |           |              |                              |        |           |                    | the  | 4                               |                                  | No  |
| 5   | Did any person listed on line 1a recei<br>services rendered to the organization           |  |                                   |                       |           |              |                              |        |           |                    |  | 5                               |                                  | No  |
|     | ection B. Independent Contract  |  |                                   |                       |           |              |                              |        |           |                    |  |                                 |                                  |     |
| 1   | Complete this table for your five high from the organization Report compe                 |  |                                   |                       |           |              |                              |        |           |                    |  | npens                           | sation                           |     |
|     |   | (A)  |                                   |                       |           |              |                              |        |           |                    | (B)  |                                 | (C                               | ) _ |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization  $\blacktriangleright$ 

(C)

Form 990 (2017)

| Part  | VIII           | Statement of  | Revenue        |            |                 |              |   |         |                            |                                |   |
|---|----------------|---|----------------|------------|-----------------|--------------|---|---------|----------------------------|--------------------------------|---|
|   |                | Check If Schedul  | e O contains a | a respo    | onse or note    |              | in this Part VII<br>(A)<br>stal revenue | Re<br>e | (B) lated or xempt unction | (C) Unrelated business revenue | (D)  Revenue excluded from tax under sections |
|   | la             | F-1   |                |            |                 |              |   |         | evenue                     |                                | 512-514                                       |
| ıts<br>its  |                | Federated campaigi  |                | 1a         |                 |              |   |         |                            |                                |   |
| ran   |                | Membership dues .<br>Fundraising events                   |                | 1b         |                 |              |   |         |                            |                                |   |
| S. G<br>Am  |                | Related organizatio                                       |                | 1c         |                 |              |   |         |                            |                                |   |
| 計画  |                | Government grants (co                                     |                | 1d         |                 |              |   |         |                            |                                |   |
| ]. Š.   |                | All other contributions,                                  |                | 1e         |                 |              |   |         |                            |                                |   |
| tion<br>or S  |                | and similar amounts no<br>above                           | ot included    | 1f         |                 |              |   |         |                            |                                |   |
| ig<br>If  |                | Noncash contribution                                      | ons included   |            |                 |              |   |         |                            |                                |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |                | ın lınes 1a-1f \$   |                |            |                 |              |   |         |                            |                                |   |
| Co<br>an  | h T            | otal.Add lines 1a-1                                       | .f             |            | •               | <u> </u>     |   |         |                            |                                |   |
| пе  | _              |   |                |            | E               | Business Cod | e                                       |         |                            |                                |   |
| Ven   | _              | EETINGS & CONVENTI  | ONS            |            |                 |              | _                                       | 67,938  | 367,9                      | <del>-  </del>                 |   |
| Service Revenue   |                | IEMBERSHIP DUES   |                |            |                 | 551          |   | 18,570  | 318,5                      | 269,9                          | 26  |
| Š   | _              | DVERTISING<br>IISCELLANEOUS                               |                |            |                 | 331          |   | 15,701  | 15,7                       | <u> </u>                       |   |
| ፠   | e –            |   |                |            |                 |              |   |         |                            |                                |   |
| Program   | _              | all other program se                                      | rvice revenue  |            |                 |              |   |         |                            |                                |   |
| Poğ   |                | otal.Add lines 2a-2f                                      |                |            | <b>&gt;</b>     | 972,1        | 135                                     |         |                            |                                |   |
|   |                | vestment income (ir                                       |                |            | nterest, an     | d other      |   | 1       | T                          |                                |   |
|   | sım            | nılar amounts) .  |                |            |                 | ▶ <u>}</u>   | 4,56                                    | 52      | 4,562                      |                                |   |
|   |                | come from investme<br>gyalties                            |                |            | ond proceed     | ds ▶ <br>▶   |   | -       |                            |                                |   |
|   | 3 100          | yardes  | (ı) Real       |            | (II) Pers       |              |   | +       |                            |                                |   |
|   | <b>6a</b> G    | iross rents   |                |            | . ,             |              |   |         |                            |                                |   |
|   | h I            | Less rental expenses                                      |                |            |                 |              |   |         |                            |                                |   |
|   | ٠٠             | Less Tental expenses                                      |                |            |                 |              |   |         |                            |                                |   |
|   |                | Rental income or<br>(loss)                                |                |            |                 |              |   |         |                            |                                |   |
|   | d i            | <br>Net rental income oi                                  | r (loss)       |            |                 | ▶            |   |         |                            |                                |   |
|   |                |   | (ı) Securit    | ies        | (II) Ot         |              |   |         |                            |                                |   |
|   | <b>7a</b> G    | ross amount<br>om sales of                                |                | 32,273     |                 |              |   |         |                            |                                |   |
|   |                | ssets other<br>nan inventory                              |                | ,          |                 |              |   |         |                            |                                |   |
|   | ЬL             | Less cost or  |                |            |                 |              |   |         |                            |                                |   |
|   |                | other basis and<br>sales expenses                         |                |            |                 |              |   |         |                            |                                |   |
|   |                | Gain or (loss)  |                | 32,273     |                 |              |   |         |                            |                                |   |
|   |                | Net gain or (loss) .                                      |                |            |                 | <u> </u>     | 32,27                                   | '3      | 32,273                     |                                |   |
| ø.  |                | iross income from fon |                | ents<br>of |                 |              |   |         |                            |                                |   |
| Other Revenue   |                | ontributions reporte<br>ee Part IV, line 18               |                | a          |                 |              |   |         |                            |                                |   |
| ev.   |                | ess direct expenses                                       |                | b          |                 |              |   |         |                            |                                |   |
| er  |                | let income or (loss)                                      |                | ing ev     | ents            | <b></b>      |   |         |                            |                                |   |
| )<br>H  | <b>9a</b> G    | iross income from g<br>ee Part IV, line 19                | amıng actıvıtı | es         |                 |              |   |         |                            |                                |   |
|   | J              | ee rait IV, iiile 19                                      |                | а          | l               |              |   |         |                            |                                |   |
|   | b Le           | ess direct expenses                                       | s              | b          |                 |              |   |         |                            |                                |   |
|   |                | let income or (loss)                                      |                | activit    | ies             | <u> </u>     |   |         |                            |                                |   |
|   |                | iross sales of invent<br>eturns and allowand              |                |            |                 |              |   |         |                            |                                |   |
|   |                |   |                | а          |                 |              |   |         |                            |                                |   |
|   | b Le           | ess cost of goods s                                       | sold           | b          |                 |              |   |         |                            |                                |   |
|   | _ c N          | let income or (loss)  Miscellaneous                       |                | ınvent     | ory<br>Business | Code         |   |         |                            |                                |   |
|   | 11a            | Miscellaneous   | Revenue        |            | Dusiness        | Code         |   |         |                            |                                |   |
|   |                |   |                |            |                 |              |   |         |                            |                                |   |
|   | ь <sup>-</sup> |   |                |            |                 |              |   |         |                            |                                |   |
|   |                |   |                |            |                 |              |   |         |                            |                                |   |
|   | c <sup>-</sup> |   |                |            |                 |              |   | +       |                            |                                |   |
|   |                |   |                |            |                 |              |   |         |                            |                                |   |
|   | d A            | II other revenue .  |                |            |                 |              |   | 1       |                            |                                |   |
|   | e T            | otal. Add lines 11a                                       | -11d           |            |                 | <b>&gt;</b>  |   |         |                            |                                |   |
|   | 12 T           | <b>otal revenue.</b> See                                  | Instructions   |            |                 | <b>▶</b>     | 1,008,97                                | ,0      | 739,044                    | 269,926                        |   |
|   |                |   |                |            |                 |              | 1,000,97                                | ٧.      | , 55,044                   | 209,920                        | Form <b>990</b> (2017)                        |

| Part IX | Statement of | <b>Functional</b> | Expenses |
|---------|--------------|-------------------|----------|
|---------|--------------|-------------------|----------|

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

| form 990 (2017)   |                       |                              |                                     | Page <b>10</b>                     |
|---|-----------------------|------------------------------|-------------------------------------|------------------------------------|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co   | olumns All other orga | anızatıons must comp         | olete column (A)                    |                                    |
| Check if Schedule O contains a response or note to any  | line in this Part IX  |                              |                                     | 🗹                                  |
| Do not include amounts reported on lines 6b,<br>7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | ( <b>D)</b><br>Fundraisingexpenses |
| Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21   |                       |                              |                                     |                                    |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22  |                       |                              |                                     |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16   |                       |                              |                                     |                                    |
| 4 Benefits paid to or for members   |                       |                              |                                     |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   |                       |                              |                                     |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                              |                                     |                                    |
| 7 Other salaries and wages  | 308,654               | 201,335                      | 107,319                             |                                    |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)   |                       |                              |                                     |                                    |
| 9 Other employee benefits   | 37,287                | 25,504                       | 11,783                              |                                    |
| <b>10</b> Payroll taxes   | 26,324                | 17,737                       | 8,587                               |                                    |
| 11 Fees for services (non-employees)  |                       |                              |                                     |                                    |
| a Management  |                       |                              |                                     |                                    |
| <b>b</b> Legal  |                       |                              |                                     |                                    |
| c Accounting  | 6,399                 |                              | 6,399                               |                                    |
| <b>d</b> Lobbying   |                       |                              |                                     |                                    |
| e Professional fundraising services See Part IV, line 17  |                       |                              |                                     |                                    |
| f Investment management fees  |                       |                              |                                     |                                    |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  |                       |                              |                                     |                                    |
| 12 Advertising and promotion  |                       |                              |                                     |                                    |
| 13 Office expenses  | 32,995                | 21,864                       | 11,131                              |                                    |
| <b>14</b> Information technology  |                       |                              |                                     |                                    |
| 15 Royalties  |                       |                              |                                     |                                    |
| <b>16</b> Occupancy   |                       |                              |                                     |                                    |
| 17 Travel   |                       |                              |                                     |                                    |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials .   |                       |                              |                                     |                                    |
| 19 Conferences, conventions, and meetings   | 191,915               | 191,915                      |                                     |                                    |
| <b>20</b> Interest  |                       |                              |                                     |                                    |
| <b>21</b> Payments to affiliates  |                       |                              |                                     |                                    |
| 22 Depreciation, depletion, and amortization  | 13,991                | 13,991                       |                                     |                                    |
| 23 Insurance  | 5,780                 | 3,797                        | 1,983                               |                                    |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) |                       |                              |                                     |                                    |
| a TAXES & PENALITIES  | 76,168                |                              | 76,168                              |                                    |
| L NEWCLETTED  | 20.204                | 20.204                       |                                     |                                    |
| b NEWSLETTER  | 38,384                | 38,384                       |                                     |                                    |
| c BANK FEES   | 31,464                |                              | 31,464                              |                                    |
| d TRAVEL & EDUCATION  | 30,445                | 20,002                       | 10,443                              |                                    |
| e All other expenses  | 131,501               | 108,926                      | 22,575                              |                                    |
| 25 Total functional expenses. Add lines 1 through 24e   | 931,307               | 643,455                      | 287,852                             | 0                                  |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation                                  |                       |                              |                                     |                                    |

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Liabilities 22

Fund Balances

Assets or 30

Net

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34

35.060

1.564.311

1,564,311

1.599.371

47.932

334.696

1.599.371

35,060

Page **11** 

346,231 965.780

40.540

320.703

1.413

32,693

32,693

1.641.974

1,641,974

1,674,667

Form **990** (2017)

1,674,667

## Check if Schedule O contains a response or note to any line in this Part IX .

|  | <b>(A)</b><br>Beginning of year |   | <b>(B)</b><br>End of y |
|--|---------------------------------|---|------------------------|
| Cash-non-interest-bearing              | 729,576                         | 1 |                        |
| Savings and temporary each investments | 487 167                         | ٠ |                        |

536,911

216,208

2 Savings and temporary cash investments . 3 Pledges and grants receivable, net . . 3 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L . . . . . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

Part II of Schedule L . . . Assets Notes and loans receivable, net . . Inventories for sale or use . Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation 11 Investments—publicly traded securities . 12 Investments—other securities See Part IV, line 11 . 13 Investments—program-related See Part IV, line 11 .

Intangible assets . . . . .

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

**Total assets.**Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

| 10  | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  | 10 |      | 1.  | ,641,974 |
|-----|--|----|------|-----|----------|
| Par | t XII Financial Statements and Reporting   |    |      |     |          |
|     | Check if Schedule O contains a response or note to any line in this Part XII   |    |      |     |          |
|     |  |    |      | Yes | No       |
| 1   | Accounting method used to prepare the Form 990  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O |    |      |     |          |
| 2-  | Were the erganization's financial statements compiled or reviewed by an independent accountant?  |    | 1 22 |     | No       |

☐ Both consolidated and separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

2b

2c

3a

3b

Form 990 (2017)

Nο

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

## **Additional Data**

**Software Version:** 

**EIN:** 23-7216045 Name: ARIZONA VETERINARY MEDICAL

ASSOCIATION

Software ID:

EDUCATIONAL IN NATURE

Form 990 (2017)

Form 990, Part III, Line 4a:

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.

2017

**DLN: 93493196019459**OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

Information about Schedule D (Form 990) and its instructions is at <u>www.irs.qov/form990</u>.

Open to Public Inspection

|        | me of the organization<br>ZONA VETERINARY MEDICAL  |                         |        |                       | Employer ide       | entification        | number     |
|--------|--|-------------------------|--------|-----------------------|--------------------|---------------------|------------|
| ASS    | OCIATION   |                         |        |                       | 23-7216045         |                     |            |
| Pa     | rt I Organizations Maintaining Donor Adv   | ised Funds or Ot        | her    | Similar Funds o       | or Accounts.       |                     |            |
|        | Complete if the organization answered "Y   | (a) Donor               |        |                       | (b)Eund            | and other a         | accounts   |
| L      | Total number at end of year  | (a) bollor              | uuvi   | sea ranas             | (B) and            | and other t         | accounts   |
| ,      | Aggregate value of contributions to (during year)  |                         |        |                       |                    |                     |            |
| -<br>} | Aggregate value of grants from (during year)   |                         |        |                       |                    |                     |            |
| ı      | Aggregate value at end of year   |                         |        |                       |                    |                     |            |
| 5      | Did the organization inform all donors and donor advis<br>organization's property, subject to the organization's e   |                         |        | ets held in donor ac  | lvised funds are   | _                   | Yes 🗆 No   |
| 5      | Did the organization inform all grantees, donors, and or<br>charitable purposes and not for the benefit of the dono<br>private benefit?  |                         |        |                       |                    |                     | Yes 🗌 No   |
| Pa     | t II Conservation Easements. Complete if t   | he organization ar      | swe    | red "Yes" on Forr     | n 990, Part IV     | , lıne 7.           |            |
| L      | Purpose(s) of conservation easements held by the orga  | anızatıon (check all th | at ap  | pply)                 |                    |                     |            |
|        | Preservation of land for public use (e g , recreation  | on or education)        |        | Preservation of an    | historically imp   | ortant land a       | area       |
|        | Protection of natural habitat  |                         |        | Preservation of a     | certified historic | structure           |            |
|        | Preservation of open space   |                         |        |                       |                    |                     |            |
| 2      | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year   | qualified conservati    | on co  | ntribution in the foi |                    | tion<br>t the End o | f the Year |
| а      | Total number of conservation easements   |                         |        |                       | 2a                 |                     |            |
| b      | Total acreage restricted by conservation easements   |                         |        |                       | 2b                 |                     |            |
| С      | Number of conservation easements on a certified histor   | ıc structure ıncluded   | ın (a  | )                     | 2с                 |                     |            |
| d      | Number of conservation easements included in (c) acquistructure listed in the National Register  | ured after 8/17/06, a   | nd n   | ot on a historic      | 2d                 |                     |            |
| 3      | Number of conservation easements modified, transferr tax year ▶  | ed, released, extingu   | ished  | , or terminated by    | the organization   | during the          |            |
| ı      | Number of states where property subject to conservati  | on easement is locat    | ed ►   |                       |                    |                     |            |
| 5      | Does the organization have a written policy regarding and enforcement of the conservation easements it hold  |                         | ng, in | spection, handling    | of violations,     | ☐ Yes               | □ No       |
| 5      | Staff and volunteer hours devoted to monitoring, inspe   | cting, handling of vio  | latio  | ns, and enforcing co  | onservation ease   | ments durin         | g the year |
| ,      | Amount of expenses incurred in monitoring, inspecting  \$ \begin{align*} \   | , handling of violation | ns, ar | nd enforcing conser   | vation easemen     | s during the        | year       |
| 3      | Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?   | ) above satisfy the re  | quire  | ements of section 1   | 70(h)(4)(B)(ı)     | ☐ Yes               | □ No       |
| )      | In Part XIII, describe how the organization reports con<br>balance sheet, and include, if applicable, the text of th<br>the organization's accounting for conservation easeme  | e footnote to the org   |        |                       |                    | and                 | □ N0       |
| ar     | Organizations Maintaining Collections Complete if the organization answered "Y   | of Art, Historica       |        |                       | er Similar As      | sets.               |            |
| la     | If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo provide, in Part XIII, the text of the footnote to its final | r public exhibition, ed | lucat  | on, or research in f  |                    |                     |            |
| b      | If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pul following amounts relating to these items                    |                         |        |                       |                    |                     |            |
| (      | i) Revenue included on Form 990, Part VIII, line 1   |                         |        |                       | ▶ \$               |                     |            |
| (i     | i)Assets included in Form 990, Part X  |                         |        |                       | <b>▶</b> \$        |                     |            |
| 2      | If the organization received or held works of art, histor following amounts required to be reported under SFAS   |                         |        |                       | ncıal gaın, provi  | de the              |            |
| а      | Revenue included on Form 990, Part VIII, line 1  | , ,                     | -      |                       | <b>▶</b> \$        |                     |            |
| b      | Assets included in Form 990, Part X  |                         |        |                       | · <u> </u>         |                     |            |
|        | Panerwork Paduction Act Notice coathe Instruction  | f F 000                 |        | C-t N-                | 52282D <b>S</b> ob | - dl- D /E-         |            |

| Par        | t IIII          | Organizations Maintaining Col  | lections of Art, I   | Histori    | ical T   | reas   | ures, or    | Other       | Similar A   | ssets (   | continued)         |
|------------|-----------------|--|----------------------|------------|----------|--------|-------------|-------------|-------------|-----------|--------------------|
| 3          |                 | the organization's acquisition, accession<br>(check all that apply)                        | n, and other records | , check    | any of   | the fo | ollowing t  | hat are a   | significant | use of it | s collection       |
| а          |                 | Public exhibition  |                      | d          |          | Loar   | n or excha  | inge prog   | rams        |           |                    |
| b          |                 | Scholarly research   |                      | е          |          | Othe   | er          |             |             |           |                    |
| c          |                 | Preservation for future generations  |                      |            |          |        |             |             |             |           |                    |
| 4          | Provi<br>Part ) | de a description of the organization's col<br>XIII   | lections and explain | how the    | ey furtl | her th | ne organız  | atıon's ex  | empt purpo  | ose in    |                    |
| 5          |                 | ng the year, did the organization solicit o<br>is to be sold to raise funds rather than to |                      |            |          |        |             |             | ılar        | □ Y       | es 🗆 No            |
| Pa         | rt IV           | Escrow and Custodial Arrange<br>Complete if the organization answ<br>X, line 21.           |                      | rm 990     | , Part   | : IV,  | ine 9, or   | reporte     | d an amo    | unt on    | Form 990, Part     |
| 1a         |                 | e organization an agent, trustee, custodi<br>ded on Form 990, Part X?                      | an or other intermed | diary for  | contri   | bution | ns or othe  | r assets I  | not         | □ Y       | es 🗆 No            |
| b          | If "Y€          | es," explain the arrangement in Part XIII  | and complete the fo  | ollowing   | table    |        | Γ           |             |             | lmount    |                    |
| c          | Begir           | nning balance  |                      |            |          |        | [           | 1c          |             |           |                    |
| d          | Addıt           | ions during the year   |                      |            |          |        | [           | 1d          |             |           |                    |
| е          | Dıstrı          | butions during the year  |                      |            |          |        | [           | 1e          |             |           |                    |
| f          | Endır           | ng balance   |                      |            |          |        |             | 1f          |             |           |                    |
| 2a         | Dıd tl          | he organization include an amount on Fo  | rm 990, Part X, line | 21, for    | escrov   | v or c | ustodial a  | ccount lia  | bility?     | □ Y       | es 🗆 No            |
| b          | If "Ye          | es," explain the arrangement in Part XIII  | Check here if the e  | vnlanat    | ion has  | s heer | n provided  | l in Part \ | <b>(111</b> |           |                    |
|            | art V           | Endowment Funds. Complete if   |                      |            |          |        |             |             |             |           | · · <u> </u>       |
|            |                 |  | (a)Current year      |            | rior yea |        |             |             | (d)Three ye |           | (e)Four years back |
| <b>1</b> a | Beginn          | ning of year balance   |                      |            |          |        |             |             |             |           |                    |
| b          | Contrib         | outions  |                      |            |          |        |             |             |             |           |                    |
| С          | Net inv         | vestment earnings, gains, and losses   |                      |            |          |        |             |             |             |           |                    |
| d          | Grants          | or scholarships  |                      |            |          |        |             |             |             |           |                    |
| е          |                 | expenditures for facilities<br>ograms  |                      |            |          |        |             |             |             |           |                    |
| f          | Admını          | ıstratıve expenses   |                      |            |          |        |             |             |             |           |                    |
| g          | End of          | year balance   |                      |            |          |        |             |             |             |           |                    |
| 2<br>a     |                 | de the estimated percentage of the curred designated or quasi-endowment                    | ent year end balance | e (line 1  | g, colu  | mn (a  | a)) held as | s           |             |           |                    |
| b          | Perm            | anent endowment ▶  |                      |            |          |        |             |             |             |           |                    |
| С          | Temp            | porarily restricted endowment >  |                      |            |          |        |             |             |             |           |                    |
|            | The p           | percentages on lines 2a, 2b, and 2c shou   | ld equal 100%        |            |          |        |             |             |             |           |                    |
| 3а         | orgar           | here endowment funds not in the posses   | sion of the organiza | tion tha   | t are h  | eld ar | nd admini   | stered fo   | r the       |           | Yes No             |
|            | (ii) r          | nrelated organizations   |                      |            |          |        |             |             |             | 3         | a(i)<br>a(ii)      |
| ь<br>4     |                 | es" on 3a(II), are the related organization<br>ribe in Part XIII the intended uses of the  |                      |            |          |        |             |             |             |           | 3b                 |
|            | rt VI           | Land, Buildings, and Equipme   |                      | WITTETTE   | iulius   |        |             |             |             |           |                    |
| -1:        |                 | Complete if the organization answ  |                      | rm 990     | , Part   | IV, I  | ine 11a.    | See For     | m 990, Pa   | art X, lı | ne 10.             |
|            | Descri          | iption of property (a) Cost or oth (investme   |                      | t or other | basis (  | other) | (c) Accı    | umulated d  | epreciation |           | (d) Book value     |
| 1a         | Land            |  |                      |            |          |        |             |             |             |           |                    |
| b          | Buildin         | gs   |                      |            |          |        |             |             |             |           |                    |
| С          | Leaseh          | nold improvements  |                      |            |          |        |             |             |             |           |                    |
|            |                 | nent   |                      |            |          |        |             |             |             |           |                    |
|            | Other           |  | 35,341               |            |          |        |             |             | 35,341      |           |                    |
|            |                 | lines 1a through 1e (Column (d) must e   | qual Form 990, Part  | X, colui   | mn (B)   | , line | 10(c)).     |             | <u> </u>    |           |                    |

|  | <b>Investments—Other Securities.</b> Complete if the o See Form 990, Part X, line 12.  | rgamzación ansi      | vered les on Form 990, F             | are iv, inie iib.               |
|--|--|----------------------|--------------------------------------|---------------------------------|
|  | (a) Description of security or category (including name of security)   | (b)<br>Book<br>value | (c) Method of<br>Cost or end-of-year |                                 |
|  | al derivatives   |                      |                                      |                                 |
|  | Tied equity interests  | · ·                  |                                      |                                 |
| A)   |  |                      |                                      |                                 |
| В)   |  |                      |                                      |                                 |
| C)   |  |                      |                                      |                                 |
| (D)  |  |                      |                                      |                                 |
| (E)  |  |                      |                                      |                                 |
| (F)  |  |                      |                                      |                                 |
| (G)  |  |                      |                                      |                                 |
| (H)  |  |                      |                                      |                                 |
|  | nn (b) must equal Form 990, Part X, col (B) line 12 )  | •                    |                                      |                                 |
| Part VIII  | Investments—Program Related. Complete if the organization answered 'Yes' on Form (a) Description of investment   | 990, Part IV, li     | (c) Method of                        | valuation                       |
| (1)  |  |                      | Cost or end-of-year                  | market value                    |
| (2)  |  |                      |                                      |                                 |
| (3)  |  |                      |                                      |                                 |
| (4)  |  |                      |                                      |                                 |
| (5)  |  |                      |                                      |                                 |
| (6)  |  |                      |                                      |                                 |
| (7)  |  |                      |                                      |                                 |
| (8)  |  |                      |                                      |                                 |
| (9)  |  |                      |                                      |                                 |
|  |  |                      |                                      |                                 |
| Total. (Colum  | on (b) must equal Form 990. Part X. col (B) line 13.)  |                      |                                      |                                 |
|  | Other Assets. Complete if the organization answered 'Yes   | s' on Form 990, Pa   | rt IV, line 11d See Form 990, l      |                                 |
| Part IX  |  | s' on Form 990, Pa   | rt IV, line 11d See Form 990, l      | Part X, line 15  (b) Book value |
| Part IX  | Other Assets. Complete if the organization answered 'Yes   | s' on Form 990, Pa   | rt IV, line 11d See Form 990, l      |                                 |
| 11) (2)  | Other Assets. Complete if the organization answered 'Yes   | on Form 990, Pa      | rt IV, line 11d See Form 990, l      |                                 |
| 1) (2) (3)   | Other Assets. Complete if the organization answered 'Yes   | on Form 990, Pa      | rt IV, line 11d See Form 990, l      |                                 |
| Part IX (1) (2) (3) (4)  | Other Assets. Complete if the organization answered 'Yes   | on Form 990, Pa      | rt IV, line 11d See Form 990, l      |                                 |
| Part IX (1) (2) (3) (4) (5)  | Other Assets. Complete if the organization answered 'Yes   | on Form 990, Pa      | rt IV, line 11d See Form 990, l      |                                 |
| Part IX (1) (2) (3) (4) (5) (6)  | Other Assets. Complete if the organization answered 'Yes   | s' on Form 990, Pa   | rt IV, line 11d See Form 990, l      |                                 |
| Part IX (1) (2) (3) (4) (5) (6) (7)  | Other Assets. Complete if the organization answered 'Yes   | s' on Form 990, Pa   | rt IV, line 11d See Form 990,        |                                 |
| 1) 2) 3) 4) 5) 6) 7)   | Other Assets. Complete if the organization answered 'Yes   | s' on Form 990, Pa   | rt IV, line 11d See Form 990,        |                                 |
| Part IX  | Other Assets. Complete if the organization answered 'Yes  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  |                      |                                      | (b) Book value                  |
| 1) 2) 3) 4) 5) 6) 7) 8)  | Other Assets. Complete if the organization answered 'Yes  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered 'Yes  (a) Description  |                      |                                      | (b) Book value                  |
| 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Colu  | Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability | rered 'Yes' on Fo    |                                      | (b) Book value                  |
| Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (Fotal. (Columpart X) (1)   | Other Assets. Complete if the organization answered 'Yes  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.                                   | rered 'Yes' on Fo    |                                      | (b) Book value                  |
| 1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Columbat X L. 1) Federal (   | Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability | rered 'Yes' on Fo    |                                      | (b) Book value                  |
| 1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Columnation  | Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability | rered 'Yes' on Fo    |                                      | (b) Book value                  |
| 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation of the columnation of t | Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability | rered 'Yes' on Fo    |                                      | (b) Book value                  |
| 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation (Columnati | Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability | rered 'Yes' on Fo    |                                      | (b) Book value                  |
| 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation (Columnati | Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability | rered 'Yes' on Fo    |                                      | (b) Book value                  |
| Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (Fotal. (Columna  | Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability | rered 'Yes' on Fo    |                                      | (b) Book value                  |
| Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (Fotal. (Columna  | Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability | rered 'Yes' on Fo    |                                      | (b) Book value                  |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columbia) (1) Federal (1) (2) (3) (4) (5) (6) (7) (6) (7) (8)   | Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability | rered 'Yes' on Fo    |                                      | (b) Book value                  |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Columnation of the columnation of the column | Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability | rered 'Yes' on Fo    |                                      | (b) Book value                  |

1

2

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2017

1

Schedule D (Form 990) 2017

Page 4

| а   | Net unrealized gains (losses) on investments  | 2a |       |    |  |
|---|---|----|-------|----|--|
| b   | Donated services and use of facilities  | 2b |       |    |  |
| С   | Recoveries of prior year grants   | 2c |       |    |  |
| d   | Other (Describe in Part XIII )  | 2d |       |    |  |
| е   | Add lines <b>2a</b> through <b>2d</b>   |    | 2e    |    |  |
| 3   | Subtract line $\mathbf{2e}$ from line $1$   |    | 3     |    |  |
| 4   | Amounts included on Form 990, Part VIII, line 12, but not on line 1   |    |       |    |  |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b .  | 4a |       |    |  |
| b   | Other (Describe in Part XIII )  | 4b |       |    |  |
| c   | Add lines <b>4a</b> and <b>4b</b>   |    | 4c    |    |  |
| 5   | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12  | )  | 5     |    |  |
| Par   | Reconciliation of Expenses per Audited Financial States Complete if the organization answered 'Yes' on Form 990, Pa |    | Retur | n. |  |
| 1   | Total expenses and losses per audited financial statements  |    | 1     |    |  |
| 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25  |    |       |    |  |
| а   | Donated services and use of facilities  | 2a |       |    |  |
| b   | Prior year adjustments  | 2b |       |    |  |
| c   | Other losses  | 2c |       |    |  |
| d   | Other (Describe in Part XIII )  |    |       |    |  |
| е   | Add lines <b>2a</b> through <b>2d</b>   |    | 2e    |    |  |
| 3   | Subtract line <b>2e</b> from line <b>1</b>  |    | 3     |    |  |
| 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |    |       |    |  |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a |       |    |  |
| b   | Other (Describe in Part XIII )  | 4b |       |    |  |
| С   | Add lines <b>4a</b> and <b>4b</b>   |    | 4c    |    |  |
| 5   | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  | 3) | 5     |    |  |
| Par   | t XIII Supplemental Information   |    |       |    |  |
| Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information |   |    |       |    |  |
|   | Return Reference Explanation  |    |       |    |  |

| <u> </u>         | orm 990) 2017     | Page <b>5</b> |                            |
|------------------|-------------------|---------------|----------------------------|
| Part XIII        | Supplemental Info |               |                            |
| Return Reference |                   | Explanation   |                            |
|                  |                   |               | Schedule D (Form 990) 2017 |

| efile GRAPH  | IIC print | - DO NOT PROCESS   As Filed Data -   | DLI           | N: 93493196019459              |  |
|--|-----------|--|---------------|--------------------------------|--|
| EZ) Form 990 or 990-EZ or to provide any additi ► Attach to Form 990 or 990- |           | Supplemental Information to Form   | 990 or 990-F7 | OMB No 1545-0047               |  |
|  |           | Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and its instructions is at |               | 2017 Open to Public Inspection |  |
|  |           | Employer identification number 23-7216045  |               |                                |  |
| Return<br>Reference  |           | Explanation  |               |                                |  |
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4D                                 | EDUCAT    | IONAL IN NATURE  |               |                                |  |

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. NO REVIEW WAS OR WILL BE CONDUCTED PAGE 6,

PART VI, LINE 11B

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. NO DOCUMENTS AVAILABLE TO THE PUBLIC PAGE 6, PART VI.

LINE 19

Return Explanation Reference

990 Schedule O, Supplemental Information

| FORM 990, | LEGISLATIVE & LOBBY 30,000 0 0 VETERINARY HEALTHCARE TEA 27,896 0 0 REPAIRS & MAINTENANCE     |
|-----------|---|
| PART IX,  | 14,943 7,801 0 UTILITIES 13,566 7,082 0 MISCELLANEOUS 5,701 2,977 0 POSTAGE AND SHIPPING 4    |
| INC OVE   | 900 0 547 0 PROPERTY TAYER & LICENSES 2 900 4 900 0 COMMITTEES 4 446 0 0 COLIGIA POLITICO & D |

LINE 24E .820 2.517 0 PROPERTY TAXES & LICENSES 3.828 1,998 0 COMMITTEES 4.446 0 0 SCHOLARSHIPS & D

ONATIONS 3.726 0 0 PUBLIC RELATIONS 0 200 0 TOTAL 108.926 22.575 0